FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

07041086

DATE RECEIVED

| UNIFORM LIMITED OFFERING EXEM | PHON |
|---|--|
| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | |
| Fletcher Global Diversified L.P. | - EN 30 E |
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) | DUEDE TECEIVED |
| Type of Filing: New Filing Amendment | JAN - 0 3 |
| A. BASIC IDENTIFICATION DATA | 8 2007 |
| 1. Enter the information requested about the issuer | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | 15/213 ECTUBE |
| Fletcher Global Diversified L.P. | Market State of the State of th |
| Address of Executive Offices (Number and Street, City, State, Zip Code) | Telephone Humber (Including Area Code) |
| 1602 Crescent Drive, Sherman, Texas 75092 | (903) 819-7836 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) | Telephone Number (Including Area Code) |
| Brief Description of Business | |
| Speculative trading in commodity futures and options thereon | DDC |
| | PROCESSEL JAN 1 6 2007 |
| Type of Business Organization | //O #OOE[|
| | please specify): JAN 1 6 200- |
| business trust limited partnership, to be formed | 2007 |
| Month Year | I COMO |
| | · 1144401/31 4 . |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction) | |
| | |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION-

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

| A BASIC IDI | ENTIFICATION DATA | Mark St. Let 3 Villa 1 | allegation of the second |
|---|------------------------------|------------------------|--|
| 2. Enter the information requested for the following: | | | |
| Each promoter of the issuer, if the issuer has been organized w | rithin the past five years; | | |
| Each beneficial owner having the power to vote or dispose, or dis | rect the vote or disposition | of, 10% or more of | fa class of equity securities of the issuer. |
| Each executive officer and director of corporate issuers and of | corporate general and mar | naging partners of | partnership issuers; and |
| Each general and managing partner of partnership issuers. | | | |
| | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Fletcher Capital Management LLC | | | |
| Business or Residence Address (Number and Street, City, State, Zip Co 1602 Crescent Drive, Sherman, Texas 75092 | ode) | | |
| Check Box(es) that Apply: Promoter Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Fletcher, Bryan | | | |
| Business or Residence Address (Number and Street, City, State, Zip Co | ode) | | |
| 1602 Crescent Drive, Sherman, Texas 75092 | , | | |
| Check Box(es) that Apply: Promoter Beneficial Owner | . Executive Officer | ☐ Director | General and/or |
| | | | Managing Partner |
| Full Name (Last name first, if individual) | | | |
| Tur (value (East name this), it individual) | | | |
| Designed at Parishment III as Old II as Control of the Control of | 1 | | |
| Business or Residence Address (Number and Street, City, State, Zip Co | ode) ; | | • |
| | | , | |
| Check Box(es) that Apply: , Promoter Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| | | | |
| Full Name (Last name first, if individual) | • | | |
| | | | |
| Business or Residence Address (Number and Street, City, State, Zip Co | ode) . | | • |
| | | | |
| Check Box(es) that Apply: Promoter Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| | | | |
| Full Name (Last name first, if individual) | | | |
| | | | |
| Business or Residence Address (Number and Street, City, State, Zip Co | ode) | | |
| | . <u>.</u> | | |
| Check Box(es) that Apply: Promoter Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| Full Name (Last name first, if individual) | | | |
| run Name (Last name 1931, 11 individual) | | | |
| During a Paridon Add a Olymba at Sant Circ Sant Zin C | - 4-1 | | |
| Business or Residence Address (Number and Street, City, State, Zip Co | oue) | | |
| Charle Bowley About Applies Co. B. C. | F | | |
| Check Box(es) that Apply: Promoter Beneficial Owner | Executive Officer | Director | General and/or Managing Partner |
| 5.03 | | | |
| Full Name (Last name first, if individual) | | | |
| | | | |
| Business or Residence Address (Number and Street, City, State, Zip Co | ode) | | |
| | | | |
| (Use blank sheet, or copy and use | additional copies of this s | heet, as necessary |) |

| | | | | | B. IN | FORMAT | ON ABOU | T OFFERI | NG | | | | |
|---|---|----------------------|----------------------|-----------------------|----------------------|----------------------|----------------------|--|---|---|---------------------------------------|--|----------------------|
| 1. | Has the | issuer sold | , or does th | e issuer ir | ntend to sel | il, to non-a | ccredited i | nvestors in | this offeri | ng? | | Yes X ∈ | No |
| | | | | Ans | wer also in | Appendix, | , Column 2 | , if filing u | ander ULO | E. | | | |
| 2. | What is | the minim | um investm | ent that w | ill be acce | pted from a | my individ | ual? | *************************************** | *************************************** | | \$_25,0 | 000.00 |
| 3. | 3. Does the offering permit joint ownership of a single unit? | | | | | | | | | | Yes | No | |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of sucl a broker or dealer, you may set forth the information for that broker or dealer only. | | | | | | | | he offering. with a state | | | | | |
| | | | first, if indi- | | | | | | | | | | |
| | | | Address (N | | Street Ci | tv State 7 | in Code) | | | | | <u>-</u> | |
| | | | (100 | | | .,, a.m.,, ,, | p 0dv, | | | | | | |
| Nar | ne of Ass | ociated Bro | oker or Dea | ler | - | | | · | | | | • | |
| Stat | les in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| | (Check | "All States | " or check i | ndividual | States) | ••••• | | | | •••••• | | ☐ All | States |
| | AL IL MT RI | AK IN NE SC | IA NV SD | AR KS NH TN: | CA KY NJ TX | CO LA NM UT | ME NY VT | DE MD NC VA | MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |
| Ful | l Name (l | Last name f | irst, if indi | vidual) | granda gr | | , | • | | | | | |
| Bus | iness or | Residence | Address (N | umber an | d Street, C | ity, State, 2 | Zip Code) | | • • | | • • • | | |
| Nar | ne of Ass | ociated Br | oker or Dea | ler | | | | | | | | | |
| Stat | es in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | ······································ | |
| | (Check | "All States" | " or check i | ndividual | States) | | | ······································ | | | | ☐ All | States |
| | AL IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | MO PA PR |
| Full | l Name (I | Last name f | first, if indi- | vidual) | | | | | | | | | |
| Bus | iness or | Residence | Address (N | lumber an | d Street, C | ity, State, 2 | Zip Code) | | | | · · · · · · · · · · · · · · · · · · · | | |
| Nan | ne of Ass | ociated Br | oker or Dea | ler | | | | | | | | | |
| Stat | es in Wh | ich Person | Listed Has | Solicited | or Intends | to Solicit | Purchasers | | | | | | |
| States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States) | | | | | | | | ☐ All | States | | | | |
| | AL IL MT RI | AK IN NE SC | AZ IA NV SD | AR KS NH TN | CA KY NJ TX | CO LA NM UT | CT ME NY VT | DE MD NC VA | DC MA ND WA | FL MI OH WV | GA MN OK WI | HI MS OR WY | ID MO PA PR |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | |
|----|--|-----------------------------|----------------------------|
| | Type of Security | Aggregate Offering Price | Amount Already Sold |
| | Debt | s | s |
| | Equity | | |
| | Common Preferred | | |
| | Convertible Securities (including warrants) | s | \$ |
| | Partnership Interests | | |
| | Other (Specify) | | |
| | Total | | \$ 0.00 |
| | Answer also in Appendix, Column 3, if filing under ULOE. | * | ¥ |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." | | Aggregate |
| | | Number Investors | Dollar Amount of Purchases |
| | Accredited Investors | | \$ |
| | Non-accredited Investors | | <u>\$</u> |
| | Total (for filings under Rule 504 only) | | \$ |
| | Answer also in Appendix, Column 4, if filing under ULOE. | | |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1. | | • |
| | The core i | Type of | Dollar Amount |
| | Type of Offering | Security | Sold |
| | Rule 505 | | |
| | Regulation A | | \$ |
| | Rule 504 | | \$ 0.00 |
| 4 | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | \$ |
| | Transfer Agent's Fees | | \$ |
| | Printing and Engraving Costs | _ | s |
| | Legal Fees | _ | \$ |
| , | Accounting Fees | _ | \$ |
| | Engineering Fees | _ | \$ |
| | Sales Commissions (specify finders' fees separately) | _ | \$ |
| | Other Expenses (identify) | _ | \$ |
| | Total | | |

| L | C. OFFERING PRICE, NUM | BER OF INVESTORS, EXPENSES AND USE OF | ROCEEDS | |
|-----|---|--|--|---|
| | b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C—proceeds to the issuer." | | | \$ |
| 5. | Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Par | ny purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross | l | · |
| | · · · · · · · · · · · · · · · · · · · | | Payments to Officers, Directors, & Affiliates | Payments to Others |
| | Salaries and fees | | \$ 14,000.00 | \$ |
| | Purchase of real estate | | | |
| | Purchase, rental or leasing and installation of ma | chinery | | |
| | Construction or leasing of plant buildings and fa | cilities | | |
| | Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger) | sets or securities of another | □\$ | Пŝ |
| | Repayment of indebtedness | | _ | |
| | Working capital | | | |
| | Other (specify): Capital for speculative trading | In commodity futures and options | | \$ 686,000.00 |
| | | | | |
| | Column Totals | *************************************** | 5 14,000.00 | 2 \$ 686,000.00 |
| | Total Payments Listed (column totals added) | | ∑ \$ <u>_</u> 70 | 00.000,00 |
| Γ | | D. FEDERAL SIGNATURE | | |
| się | e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fu information furnished by the issuer to any non-ac | e undersigned duly authorized person. If this notic irnish to the U.S. Securities and Exchange Commi | e is filed under Russion, upon writte | tle 505, the following an request of its staff |
| iss | uer (Print or Type) | Signature | Date | · · · · · · · · · · · · · · · · · · · |
| FI | etcher Global Diversified L.P. | Byh hlu | 12/2 | 9/06 |
| Na | me of Signer (Print or Type) | Title Signer (Print or Type) | | , |
| Bry | an Fletcher | Managing Member of Fletcher Capital Managing | nement LLC. Ger | neral Partner |

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| | e. State signature | | | _ |
|----|--|--|---------|---|
| i. | . Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? | | No K | |
| | See Appendix. Column 5, for state response. | | | |

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerces.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type) | Signature D | Pate / / |
|----------------------------------|--|----------------------------|
| Fletcher Global Diversified L.P. | Bosa Hu | 12/29/06 |
| Name (Print or Type) | Title (Brint or Type) | |
| Bryan Fletcher | Managing Member of Fletcher Capital Manage | ement LLC, General Partner |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX 2 3 4 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach Type of investor and to non-accredited offering price explanation of amount purchased in State offered in state investors in State waiver granted) (Part C-Item 2) (Part C-Item 1) (Part B-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Yes Amount **Investors** Amount No AL AKAZ AR CA CO CT DE DC FL GA HI ID IL IN ΙA KS KY LA ME MD MA ΜI MNMS

| . * | | i i i i i i i i i i i i i i i i i i i | | APP | ENDIX | | | | |
|-------|--------------------------------|---|--|--------------------------------------|-----------|--|--------|---|---|
| 1 | Intend to non-a investor | 2 I to sell ccredited s in State -Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | amount pu | 4 investor and rchased in State C-Item 2) | | 5 Disquali under Sta (if yes, explana waiver (Part E- | te ULOE attach ation of granted) |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
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| МТ | | | | | | | | | |
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| | ivenes veri | have by the control of the control o | | APP | ENDIX | | MI STATE | | ************************************** |
|-------|----------------|--|--|--------------------------------------|-----------|--|----------|---|--|
| 1 | to non-a | 2 d to sell accredited rs in State | Type of security and aggregate offering price offered in state (Part C-Item 1) | | amount pu | 4 Finvestor and rchased in State C-Item 2) | | under St (if yes explan waiver | lification ate ULOE , attach ation of granted) -Item 1) |
| State | Yes | No | | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| PR | | | | | | | | | |